## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) FEC MAIL CENTER

o be osed by reisons (other than rollidear committees)	
(a) Name of Individual, Organization or Corporation	2015 OCT 15 AM 8: 01
Blyden Potts	
(b) Address (number and street)	
28 Diller Dr	
(c) City, State and ZIP Code	
Shippensburg, PA 17257	3. FEC Identification Number
5 hippensburg PA 17257  2. Occupation and Name of Employer (for Individual Filers Only)	Compared to the control of the contr
Professor, Sociologist, Social Network Analyst.	The service of the second control of the sec
4. TYPE OF REPORT (check appropriate boxes):	please see note on rower.
de la companya de la	•
(a) April 15 Quarterly Report	
July 15 Quarterly Report 24-Hour Report	
October 15 Quarterly Report 48-Hour Report	· .
January 31 Year-End Report	
l Contract of the contract of	
	ARTHUR / COURT / FALACIA FAE
b) Is this Report an amendment? No Tyes, it amends the report filed on	Distribution of the conference
October 15 Quarterly Report  January 31 Year-End Report  b) Is this Report an amendment?  No Yes, it amends the report filed on THROUGH  THROUGH	
5. COVERING PERIOD: FROM O ( O / ZO / S	•
THROUGH 1 0 15	•
TOUGH / 3 2013	·
<b>3</b>	
6. TOTAL CONTRIBUTIONS - 26Ro-	and a second second second and a second seco
7. TOTAL INDEPENDENT EXPENDITURES	5 8 2 1 1
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Linda and the state of a state of the state	authotion of the control of the cont
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, cons suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	Survation, or concert with, or at the request or
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
MI I VII	#
Blyden B. Potts Byle Hill	10/9/2015

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## **SCHEDULE 5-E** PAGE OF ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 OF FORM 5 NAME OF FILER (In Full) Blyden Potts Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination PS PRINT Mailing Address 2861 MANDELA PKWY Zip Code City State 5.82.11 OALLAND 94608 CA Purpose of Expenditure Category/ Office Sought: House State: PURCHUSE OF 6000 DORHANGERS Senate District: . President Name of Federal Candidate Supported or Opposed by Expenditure: **Support** BERNIE SANDERS. PRESIDENT Check One: Oppose 2016 20 Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address 15 03 City State Zip Code Purpose of Expenditure Office Sought: House ategory/ State: 00027425 Type Senate District:. President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support Disbursement For: General Calendar Year-To-Date Per Election Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address City State Zip Code Purpose of Expenditure Office Sought: Category/ House State: \_ Туре Senate District: . President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)

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FEDERAL FLECTION COMMISSION 499 E STREET, NW WASHINGTON, DC 20463

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Next Business Day Delivery
Date of Receipt Received from House Records & Registration Office
Date of Receipt  Received from Senate Public Records Office
Date of Receipt Received from Electronic Filing Office
Other (Specify):
10/15/15
PREPARER DATE PREPARED (3/2015)